

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
ACRAMENTO, CA 95814
(916) 323-0503



April 3, 1987
CMSP Bulletin 87-3

TO: All County Welfare Directors

SUBJECT: ADDITION OF COUNTY MEDICAL SERVICES PROGRAM (CMSP) DENTAL PROVIDERS**CMSP DENTAL BENEFIT**

The Department has added dentists as a Provider for the CMSP. This bulletin is to inform you that the CMSP is now accepting claims for the treatment of dental alveolar abscesses including adjunctive procedures when provided by a qualified oral surgeon, or dentist.

This coverage includes single tooth extractions that are documented emergencies (as defined in Title 22, California Administrative Code, Section 51056) which could not have been postponed. Treatment of dental alveolar abscesses must be justified and documented in the same manner as Medi-Cal patients, (e.g., with x-rays and/or an operative report).

CMSP PAYMENT SCHEDULE

The fee schedule for the above services will be the same as the Medi-Cal fee schedule.

ELIGIBILITY

CMSP eligibles are issued cards by the welfare department in the county in which they reside. Providers are advised to review the CMSP card to verify that the person requiring treatment is the same person identified on the CMSP card, and that the person is eligible for the month in which service is rendered. The beneficiary identification number, a fourteen digit number on the left side of the CMSP card (see Attachment A), indicates both the beneficiary county of residence and aid code. The first two digits indicate county in which the beneficiary's eligibility is established (see Attachment B). The third and fourth digits contain a two digit aid code (84, 85, 88, and 89) which indicate that the person is covered by CMSP. If you have any questions about the patient's eligibility, contact the welfare department located in the county in which the CMSP card was issued.

CLAIMING PROCEDURES

In order to ensure payment for the above treatment, do not use a Delta Dental form. Use the Attending Dentist's Statement Form (Number 101 from the American Dental Association (ADA), or the form from the California Dental Association (CDA). The form you select should be completed and include the following information: provider license number, complete fourteen digit beneficiary identification number, and documentation that the described treatment was an emergency. Attaching a copy of the CMSP card to the claim will expedite its processing.

The attending dentist's statement must be mailed to the following address:

Department of Health Services
County Medical Services Program
714 P Street, Room 523
Sacramento, CA 95814
Attention: Brian McNamara

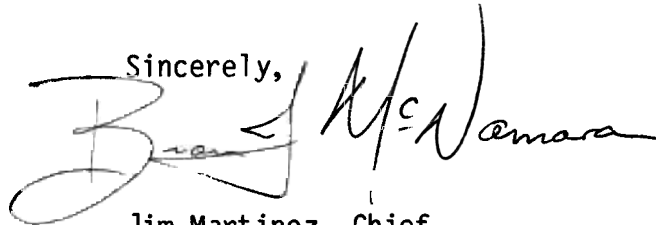
Claims for CMSP beneficiaries will be rejected if they are sent to the Delta Dental Services.

FOR FURTHER INFORMATION

If you have any questions regarding the coverage or authorization of the above-mentioned benefit, contact Dr. Stanley Nuzum of the Benefits Branch at (916) 324-2474. Any questions regarding claiming procedures should be directed to Brian McNamara of the CMSP, at (916) 324-4202.

Your willingness to serve CMSP beneficiaries, particularly in rural areas where health care resources are scarce, assures that vitally necessary care is being provided. We believe this improved access will enhance the Program and ensure that CMSP beneficiaries receive necessary emergency dental services provided by the CMSP.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Martinez", is written over the word "Sincerely,".

Jim Martinez, Chief
County Medical Services Program
County Health Services Branch

cc: CMSP contact persons

BMN:tn
CMSP-031
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